



Teacher Recommendation Form (Grades 1st – 8th)

Applicant's Name: _____ Date of birth: _____

Current Grade: _____ Grade Applying For: _____

Applicant's Address: _____ Telephone: _____

I am giving permission to the school my child is currently attending to provide relevant information to St. Justin School.

Parent's Signature: _____ Date: _____

To the Teacher: Thank you very much for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant for possible admission to our school. Please e-mail this form to Dionne Stuhr at dionne.stuhr@dsj.org or fax to 408-246-0691. School to return this not students family.

Name of school: _____

Address: _____ Telephone: _____

Teacher's Name/Signature _____ Date: _____

Academic Level	Below Grade Level	At Grade Level	Above Grade Level
Reading			
Literature/Writing			
Math			
Social Studies			
Science			
Conduct			
Religion			

Has this student been retained at any time? (If yes, what grade?) _____

Please share any relevant information that will assist us in considering this student for acceptance to our school:

Skill Assessment

Skills and Habits	Strong	Satisfactory	Needs Improvement
Homework			
Use of class time (e.g. remains on task, etc.)			
Independent assignments			
Small group work			
Group work			
Interaction with peers			
Visual Recall			
Auditory Recall			
Interaction with adults			
Self-help			
Self-concept			

Parental Support

Do parents communicate regularly with teacher?	Yes	No
Do parents provide support to teacher in achieving child's behavioral and academic goals?	Yes	No
Do parents provide support to school in general?	Yes	No

Please list any extraordinary health or behavioral problems that you are aware of:

Please list any conditions that could affect the applicant's performance:

Please provide any information if child was tested or received services for ADHD, counseling, special education, speech, or anything related to these developmental concerns:
